MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/ 553076 **FILING DATE** 10·12·05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1			1		52						
3		2					53						
4		2					54						
5	1		1				55						
6		1		1			56						
7	1		1		1		57						
8		1					58						
9		2					59						
10	1		1				60						
11		1		1			61						
12		1					62						
13		2					63						
14	1		1				64						
15		1					65						
16	1		1				66						
17	1						67						
18		1		1			68						
19							69						
20							70						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		⇩	6	⇩		⇩	TOTAL IND.		⇩		⇩		⇩
TOTAL DEP.		⇦	12	⇦		⇦	TOTAL DEP.		⇦		⇦		⇦
TOTAL CLAIMS			18				TOTAL CLAIMS						